

Foster Family Home - Corrective Action Report

Provider ID: 1-170086

Home Name: Joseth Leonida Gamiao, RN

Review ID: 1-170086-1

92-324 Kiowao Place

Reviewer: Carrie Wakai

Kapolei

HI

96707

Begin Date: 2/2/2018

End Date: 02/02/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. Home was in compliance with all required items. Home will receive a 1 year 2 client certification.

Carrie Wakai
Compliance Manager

Joseth Gamiao
Primary Care Giver

02-02-18
Date

02/02/18
Date